

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

**For Official Use Only**



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

<p>1. File Number U - <u>6788</u></p>	<p>2. Fiscal Year Covered From:</p> <p><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u></p>
<p>3. Name and address of person filing.</p> <p>Name <u>Michael</u> <u>T</u> <u>Keen</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>132 Haggard Loop</u></p> <p>City <u>Hot Springs</u></p> <p>State <u>Arkansas</u> ZIP Code + 4 <u>71913-9529</u></p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name <u>United Food and Commercial Worker, Local 2008</u></p> <p>Labor Organization File Number <u>529-174</u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u>7924 Interstate 30, Suite A</u></p> <p>City <u>Littler Rock</u></p> <p>State <u>Arkansas</u> ZIP Code + 4 <u>72209-2969</u></p>
<p>5. Position in labor organization. <u>Local Union President</u></p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street			7.b. Amount.		
City					
State		ZIP Code + 4			

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

Michael Stoen

On

8/8/05

Date \_\_\_\_\_

501-565-6306

Telephone Number

Name of Person Filing Michael Keen	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>Dennis Jenkins, CPA</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1301 Shiloh Rd. Bldg 1200, Ste 1250</u> City <u>Kennesaw</u> State <u>Georgia</u> ZIP Code + 4 <u>30144</u>	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>11.a. Nature of such dealing.</b> <u>Local Union Auditor</u> <b>11.b. Approximate dollar value of such dealing.</b> <u>\$7,500</u> <b>12.a. Nature of interest held or income received.</b> <u>Christmas Gift of a Ham</u> <b>12.b. Amount.</b> <u>\$50</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>14.a. Nature of payment.</b> <u></u>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <u></u>

Name of Person Filing Michael Keen	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  South Central UFCW & Employers H&W Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  1800 Phoenix Blvd, Ste. 310

City  Atlanta

State  Georgia ZIP Code + 4  30349-5559

11.a. Nature of such dealing.

Trust Fund provides Health and Welfare Benefits to members of the Local Union.

11.b. Approximate dollar value of such dealing.

\$50,732,966

12.a. Nature of interest held or income received.

Hotel expense related to attending regular trust fund meetings in Dallas on 3/10-3/11/04 and 5/18-5/19/04 and in Atlanta on 10/11-10/12/04.

12.b. Amount.

\$402

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>Michael Keen</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input style="width: 80%;" type="text" value="Banquet Employers-Union Pension Trust"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="4260 Shoreline Dr. Ste. 170"/></p> <p>City <input style="width: 80%;" type="text" value="Earth City"/></p> <p>State <input style="width: 20%;" type="text" value="Missouri"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="63045-1221"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">             Trust Fund provides Pension Benefits to members of the Local Union.           </div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input style="width: 100px;" type="text" value="\$50,732,966"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">             Hotel, travel, and meal expense related to attending regular trust fund meetings in Clayton, MO on 3/31-4/1/04 and in Omaha, NE on 8/24-8/25/04.           </div> <p><b>12.b. Amount.</b> <input style="width: 100px;" type="text" value="\$898"/></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <input style="width: 100px;" type="text"/></p>